

Docket No.: 42390P12334

HE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re the Application of:

PETER L. DOYLE, ET AL.

Application No.: 09/895,777

Filed: June 29, 2001

For: Apparatus, Method And System With A

Graphics-Rendering Engine Having A Graphics

Context Manager

Art Group: 2676

Examiner: Singh, Dalip K.

PETITION FOR EXTENSION OF TIME PURSUANT TO 37 C.F.R. § 1.136(a)

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In accordance with 37 C.F. R. § 1.136(a), Applicants for the above-identified application respectfully Petition the Commissioner for a one (1) month extension of time, extending the period for response to August 11, 2005, from the Office Action dated April 11, 2005. The petition filing fee of \$120.00 and an Amendment and Response to Office Action are attached.

If it should be determined that a longer extension of time is required to prevent this application from being abandoned, please charge any additional fees to Deposit Account No. 02-2666. A copy of the Fee Transmittal is enclosed for deposit account charging purposes.

Respectfully submitted,

Blakely, Soko off, Jaylor & Zafman LLP

Mark L. Watson, Reg. No. 46,322

Date: August 11, 2005

12400 Wilshire Boulevard, 7th Floor Los Angeles, CA 90025

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CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria,

V# 22313,1450.

Wrieta Mathiason

08-11-05

Krista Mathieson

Date

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FEE TRANSM Complete if Known **Application Number** 09/895,777 June 29, 2001 Filing Date Peter L. Doyle First Named Inventor Patent fees are subject to annual revision. Singh, Dalip K. **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT		(\$)	120.00	Art Unit Attorney Docket No.		42390P12334		
METHOD OF PAYMENT (check all that apply)								
 Check ☐ Credit card ☐ Money Order ☒ None ☐ Other (please identify): ☐ Deposit Account Deposit Account Number: 02-2666 ☐ Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee ☒ Credit any overpayments 								
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.								
FEE CALCULATION								
1. EXTRA CLAIM FEES Claims Total Claims Independent Claims Total Clai								
Fee Fee Code (\$) 0 1202 50 1201 200 1203 360 1204 300 1205 300 2	Fee Fee Fee Descrip (5) 202 25 Claims in a 201 100 Independe 203 180 Multiple D 204 150 "Reissue	excess of 20 ent claims in excess Dependent claim, if r independent claims claims in excess of		atent **or	r number pr	eviously paid, if	greater, For Reisst	ues, see below
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SUBMITTED BY Complete (if applicable							lete (if applicable)	
Name (Print/Type) Mark L. Watson			Registration No. (Attorney/Agent)	46,3	22	Telephone	(303) 740-1980	

08/11/05

Date

Signature